METROPOLITAN GOVERNMENT of NASHVILLE and DAVIDSON COUNTY TENNESSEE

Metropolitan Health Department Pollution Control Division 311 - 23rd Avenue North Nashville, Tennessee 37203 Telephone: (615) 340-5653

(615) 340-2142

FAX:

PART 70 OPERATING PERMIT APPLICATION MONITORING AND REPORTING - DESCRIPTION OF METHODS USED FOR DETERMINING COMPLIANCE

All sources that are subject to Regulation No. 13, "Part 70 Operating Permit Program" of the Code of Laws of the Metropolitan Government of Nashville and Davidson County, Tennessee, are required to certify compliance with all applicable requirements by including a statement within the permit application of the methods used for determining compliance. This statement must include a description of the monitoring, recordkeeping, and reporting requirements and test methods. In addition, the application must include a schedule for compliance certification submittals during the permit term. These submittals must be no less frequent than annually, and may need to be more frequent if specified by the underlying applicable requirement or the Director. Facility Name: 2. Emission Source Description: Stack or fugitive release point number(s): 4. This source as described in Item No. 2 above, will use the following method(s) for determining compliance with applicable requirements (and special operating conditions from an existing permit). Check all that apply and attach the appropriate form (s) to this form: Continuous emissions monitoring (CEM) - APC Form V.20 Pollutant(s): Emissions monitoring using portable monitors - APC Form V.21 Pollutant(s): Monitoring control system parameters or operating parameters of a process - APC Form V.22 Pollutant(s): Monitoring maintenance procedures - APC Form V.23 Pollutant(s): Stack Testing - APC form V.24 Pollutant(s): Fuel sampling and analysis (FSA) - APC Form V.25 Pollutant(s): Recordkeeping - APC Form V.26 Pollutant(s): Other (please describe) - APC Form V.27 Pollutant(s): Compliance certification reports will be submitted to the Metropolitan Health Department, Pollution Control Division, according to the _____, and every months thereafter. following schedule: Start Date: Compliance monitoring reports will be submitted to the Metropolitan Health Department, Pollution Control Division, according to the Start Date: _____ , and every _____ months thereafter. following schedule:

7. Page No.: Date of Revision:

INSTRUCTIONS FOR APC FORM V.19:

COMPLIANCE CERTIFICATION MONITORING AND REPORTING DESCRIPTION OF METHODS USED FOR DETERMINING COMPLIANCE

Sources that are required to obtain a permit in accordance with Regulation No. 13, "Part 70 Operating Permit Program" of the Code of Laws of the Metropolitan Government of Nashville and Davidson County, Tennessee, must complete and return this form. Applications are incomplete unless all applicable information requested herein is supplied. Failure to supply any additional information requested by the Director to enable him/her to act on the application may result in return of this application. If there is additional information that will not fit on a form, please declare the information on additional sheet(s) and attach it to the back of the original.

COMPLETE ONE FORM FOR EACH EMISSION SOURCE LOCATE AT A FACILITY.

- **Item 2** Identify the emission source by name and number.
- **Item 3** Provide the identification number(s) of the stack(s) associated with this source.
- **Item 4** Check the method(s) to be used for demonstrating compliance with any applicable emission standards or regulatory requirements. Attach additional sheets if necessary to define all alternative operating scenarios or to define permit terms and conditions allowing emissions trading under a federally enforceable emissions cap to be established in the permit.
- **Item 5** Compliance certification reports must be submitted to the Metropolitan Health Department, Pollution Control Division, annually or more frequently if specified by the underlying applicable requirement or by the Director.
- **Item 6** Compliance monitoring reports must be submitted to the Metropolitan Health Department, Pollution Control Division, at least every six (6) months.
- **Item 7** Page number must be filled in. Revision number and date of revision are to be filled in only if the information on this form is being revised.

IF ANY ITEM ON THIS APPLICATION FORM IS NOT APPLICABLE TO THIS FACILITY, THE ITEMS MUST BE FILLED IN WITH "NOT APPLICABLE" OR "N/A".